

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	SY NO.	DATE
FEE DETERMINATION	31		4-3-01
O.I.P.E. CLASSIFIER		17	5-9-01
FORMALITY REVIEW	<i>[Signature]</i>	10890	05/17/01
RESPONSE FORMALITY REVIEW	TC	947	10/17/01

# INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected      N \_\_\_\_\_ Non-elected  
 - \_\_\_\_\_ Allowed      I \_\_\_\_\_ Interference  
 = (Through numeral) \_\_\_\_\_ Canceled      A \_\_\_\_\_ Appeal  
 + \_\_\_\_\_ Restricted      O \_\_\_\_\_ Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
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49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
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97	✓	✓	✓
98	✓	✓	✓
99	✓	✓	✓
100	✓	✓	✓

Claim	Final	Original	Date
101	✓	✓	✓
102	✓	✓	✓
103	✓	✓	✓
104	✓	✓	✓
105	✓	✓	✓
106	✓	✓	✓
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142	✓	✓	✓
143	✓	✓	✓
144	✓	✓	✓
145	✓	✓	✓
146	✓	✓	✓
147	✓	✓	✓
148	✓	✓	✓
149	✓	✓	✓
150	✓	✓	✓

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

7/5  
 09/10  
 Cag  
 10/18/01  
 PC-852